



PARENTAL/GUARDIAN APPROVAL FOR MINOR VISITOR ESCORT

Per DOC 450.300, I _____ , _____ , _____ ,
Non-Incarcerated Parent/Guardian (Print) DOB Social Security #

parent/guardian of _____ , _____ , _____ ,
Name of Minor and Relationship to Offender DOB Social Security #

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Hereby give permission for _____ , _____ , _____ ,
Name of Adult Escort (Approved Visitor) DOB Social Security #

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to accompany the above named minor/s to visit _____ , _____
Offender Name DOC #

for ☐ Regular Visit ☐ Extended Family Visit

PARENT OR LEGAL GUARDIAN CONSENT

Sign the following in the presence of a Public Notary, _____
Non-Incarcerated Parent/Guardian (Signature) Date

I do swear either from personal knowledge or from satisfactory evidence, that the signature on this form is that of the person appearing before me as named in the document.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
Day Month, Year

SEAL

Notary Signature

NOTARY PUBLIC in and for the state of: _____

County of:

Printed Name

My Commission Expires

DO NOT WRITE BELOW THIS LINE

☐ Approved ☐ Denied

Counselor Signature

Date

☐ Approved ☐ Denied

Superintendent /designee Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.